



#18

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Joseph Mizrahi et al. Art Unit : 1651
Serial No.: 09/412,085 Examiner : Francisco Chandler Prats
Filed : October 4, 1999
Title : PROCESS FOR PRODUCING A PURIFIED LACTIC ACID SOLUTION

MAIL STOP PETITIONS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

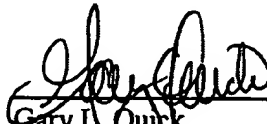
PETITION FOR TWO-MONTH EXTENSION OF TIME

Pursuant to 37 CFR §1.136, applicants hereby petition that the period for response to the action dated January 7, 2002, be extended for two months to and including June 7, 2002.

Enclosed is a check for \$430 for the required fee. Please apply any other charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

Date: 8 Nov 2004


Gary L. Quick
Reg. No. 55,533

Fish & Richardson P.C., P.A.
60 South Sixth Street
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OFFICE OF PETITIONS

11/15/2004 HALI11 00000015 09412085

01 FC:1252 430.00 OP

Adjustment date: 07/15/2005 AKELLEY
11/15/2004 HALI11 00000015 09412085
01 FC:1252 -430.00 OP

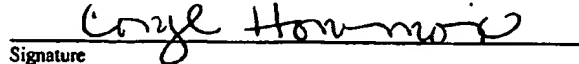
Repln. Ref: 07/15/2005 AKELLEY 0009442300
DAH:061050 Name/Number:09412085
FC: 9204 \$430.00 CR

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

November 8, 2004

Date of Deposit


Signature

Caryl Harriman

Typed or Printed Name of Person Signing Certificate

Best Available Copy

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>7-14-05</u>		2 Serial/Patent # <u>09/412,085</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
	Filing		\$
	Amendment		\$
<input checked="" type="checkbox"/>	Extension of Time	—	\$ <u>430.</u>
	Notice of Appeal/Appeal		\$
	Petition		\$
	Issue		\$
	Cert of Correction/Terminal Disc.		\$
	Maintenance		\$
	Assignment		\$
	Other		\$
		7 TOTAL AMOUNT OF REFUND \$ <u>430.</u>	
		8 TO BE REFUNDED BY:	
		Treasury Check	
		Credit Deposit A/C #:	
		9 0 9 -- 1 0 5 0	
10 REASON:			
	Overpayment		
	Duplicate Payment		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):		
Ext. of time filed outside extendable period for reply.			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>ANDREA SMITH</u>		TITLE: <u>Regs. Branch</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>571-272-5226</u>	
OFFICE: <u>Off. of Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>[Signature]</u>		DATE: <u>7/15/05</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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